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CONFIRMATION NO. 3842

SERIAL NUMBER 10/736,266	FILING OR 371(c) DATE 12/15/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. CHM-009
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APPLICANTS

Michael John Rutter, Cincinnati, OH;

** CONTINUING DATA **** *APP*

This appln claims benefit of 60/433,735 12/16/2002

** FOREIGN APPLICATIONS **** *None APP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/23/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials <i>APP</i>			
Verified and Acknowledged <i>Examiner's Signature</i>				

ADDRESS

38155

TITLE

Tracheotomy valve unit

FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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